



Junior Academy Application for Membership

Title	First name	Surname
Date of birth	Address	
Telephone	Mobile Number	Email
Type of Membership	Academy	
Name of parent (Email & contact number)		
Name of parent (Email & contact number)		
Additional Information (you may include additional information in support of your application. Please state any medical/behavioural conditions you feel need to be disclosed)		

I hereby consent to the above child participating in golf activities of the club in line with the Code of Ethics for Golf for Young People.

I will inform the leader of any changes to the information above. I confirm that all details are correct and I am able to give parental consent for my child to participate in and travel to all activities.

I am happy for me and my child to receive appropriate communication through text and email.

I understand that photographs/videos will be taken during or at golf related events and may be used in the promotion of golf, including social media.

Name

Signature

Approved by:

Date:



Wexford Golf Club



Mulgannon, Wexford.
Tel: 053 - 91 42238
info@wexfordgolfclub.ie